

Fill in this information to identify your case:

Debtor 1	<u>Victoria</u>	<u>Ann</u>	<u>Gutwein</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF TEXAS</u>			
Case number (if known)	<u>18-10364</u>		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
\$0.00	\$0.00	\$0.00

2.1

Internal Revenue Service

Priority Creditor's Name

Centralized Insolvency Operations

Number Street

PO Box 7346

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Philadelphia PA 19101-7346

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify

Debtor 1 Victoria Ann GutweinCase number (if known) 18-10364**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

4.1	\$24,484.00
American Express Nonpriority Creditor's Name <u>P.O. Box 981537</u> Number Street <hr/> EI Paso TX 79998 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>0 2 1 8</u> When was the debt incurred? <u>8/23/2005-2/9/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Credit Card 100%	
4.2	\$7,965.00
Barclays Bank Delaware Nonpriority Creditor's Name <u>PO Box 8803</u> Number Street <hr/> Wilmington DE 19899-8801 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>8 3 0 4</u> When was the debt incurred? <u>various</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Credit Card (60%)	

Debtor 1 Victoria Ann GutweinCase number (if known) 18-10364**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3		<u>\$8,524.29</u>
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BMW Financial Services

Nonpriority Creditor's Name

PO Box 78103

Number Street

Last 4 digits of account number 8 9 8 6When was the debt incurred? various

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Phoenix AZ 85062-8103

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

4.4\$8,666.00**Capital One Card**

Nonpriority Creditor's Name

Attn: Bankruptcy Dept.

Number Street

P.O. Box 30256Last 4 digits of account number 0 5 9 8When was the debt incurred? various

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Salt Lake City UT 84130-0256

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

4.5\$8,434.00**Capital One Card**

Nonpriority Creditor's Name

Attn: Bankruptcy Dept.

Number Street

P.O. Box 30256Last 4 digits of account number 0 5 7 6When was the debt incurred? various

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Salt Lake City UT 84130-0256

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Debtor 1 Victoria Ann GutweinCase number (if known) 18-10364**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.6	Chase Card Services Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> Number Street <u>PO Box 15298</u>	Last 4 digits of account number <u>7 0 1 9</u> When was the debt incurred? <u>various</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Credit Card 100%
		Total claim <u>\$7,171.04</u>
	Wilmington DE 19850-5298 City State ZIP Code	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.7	Citibank, N.A. Nonpriority Creditor's Name <u>PO Box 6034</u> Number Street	Last 4 digits of account number <u>5 1 6 3</u> When was the debt incurred? <u>various</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Credit Card 100%
		Total claim <u>\$2,388.55</u>
	Sioux Falls SD 57117-6034 City State ZIP Code	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.8	Citibank, N.A. Nonpriority Creditor's Name <u>PO Box 6034</u> Number Street	Last 4 digits of account number <u>7 5 2 5</u> When was the debt incurred? <u>various</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card
		Total claim <u>\$3,503.22</u>
	Sioux Falls SD 57117-6034 City State ZIP Code	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Victoria Ann GutweinCase number (if known) 18-10364**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9		<u>\$4,850.00</u>
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Citibank, N.A.

Nonpriority Creditor's Name

PO Box 6034

Number Street

Last 4 digits of account number 0 6 7 8When was the debt incurred? various

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Sioux Falls SD 57117-6034

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

4.10

\$392.00**Clinical Pathology Laboratories, Inc.**

Nonpriority Creditor's Name

PO Box 141669

Number Street

Last 4 digits of account number 0 0 4 8When was the debt incurred? various

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Austin TX 78714-1669

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

4.11

\$323.00**Clinical Pathology Laboratories, Inc.**

Nonpriority Creditor's Name

PO Box 141669

Number Street

Last 4 digits of account number 6 2 6 8When was the debt incurred? 6/20/17

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Austin TX 78714-1669

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Debtor 1 Victoria Ann GutweinCase number (if known) 18-10364**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.12****\$5,558.00****Discover Financial Services, LLC**

Nonpriority Creditor's Name

Bankruptcy Department

Number Street

PO Box 3025Last 4 digits of account number 9 9 1 6When was the debt incurred? various

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

New Albany OH 43054-3025

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Business Credit Card 100%**

4.13**\$180.00****Eugene D. Pampe, MD**

Nonpriority Creditor's Name

PO Box 17745

Number Street

Last 4 digits of account number When was the debt incurred? 7/25/2017

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Belfast ME 04915-4072

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Medical Services**

4.14**\$2,624.27****First National Bank of Omaha**

Nonpriority Creditor's Name

Attn : Bankruptcy Dept.

Number Street

P. O. Box 3696Last 4 digits of account number 1 0 8 6When was the debt incurred? various

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Omaha NE 68103-0696

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Credit Card**

Debtor 1 Victoria Ann GutweinCase number (if known) 18-10364**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim\$0.00**4.15****IRS Insolvency Office**

Nonpriority Creditor's Name

300 E. 8th St.

Number Street

Mail Stop 5026AUS**Last 4 digits of account number** _____**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- Contingent
 Unliquidated
 Disputed

Austin TX 78701

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Notice Only

4.16\$1,125.00**Joseph S. Bosarge, Ph.D.**

Nonpriority Creditor's Name

2504 Rae Dell Ave

Number Street

Last 4 digits of account number _____**When was the debt incurred?** various**As of the date you file, the claim is:** Check all that apply.

- Contingent
 Unliquidated
 Disputed

Austin TX 78704

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Services

4.17\$15,000.00**Mary Rosenthal**

Nonpriority Creditor's Name

4180 North A1A #201B

Number Street

Last 4 digits of account number _____**When was the debt incurred?** _____**As of the date you file, the claim is:** Check all that apply.

- Contingent
 Unliquidated
 Disputed

Fort Pierce FL 34949

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Personal Loan

Debtor 1 Victoria Ann GutweinCase number (if known) 18-10364**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.18****\$703.00****Nordstrom Bank, FSB**

Nonpriority Creditor's Name

Recovery/Bankruptcy Dept.

Number Street

PO Box 6566Last 4 digits of account number 1 2 2 1When was the debt incurred? various

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Englewood CO 80155-6566

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Credit Card

4.19**\$2,624.00****Pilot Receivables Management, LLC**

Nonpriority Creditor's Name

10625 Techwoods Circle

Number Street

Last 4 digits of account number When was the debt incurred? various

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Cincinnati OH 45242

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collection Service

4.20**\$0.00****Ryan Dougey**

Nonpriority Creditor's Name

900 West Avenue

Number Street

Last 4 digits of account number When was the debt incurred? various

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Austin TX 78701

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Attorney Fees

Debtor 1 Victoria Ann GutweinCase number (if known) 18-10364**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.21****\$40,000.00****Sam Colletti**

Nonpriority Creditor's Name

901 S. Mopac Expressway

Number Street

Barton Oaks Plaza 11, Suite 200

Last 4 digits of account number _____

When was the debt incurred? various

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Austin TX 78746

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify **Attorney Fees**

Debtor 1 Victoria Ann GutweinCase number (if known) 18-10364**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Alltran Financial LP	On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 4045	Line <u>4.6</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street _____ _____ _____ _____	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Concord CA 94524	_____
City State ZIP Code _____ _____ _____	_____
On which entry in Part 1 or Part 2 did you list the original creditor?	
Distressed Asset Portfolio III, LLC	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 10625 Techwood Cir	Line <u>4.14</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street _____ _____ _____	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Cincinnati OH 45242	_____
City State ZIP Code _____ _____ _____	_____
On which entry in Part 1 or Part 2 did you list the original creditor?	
GC Services Limited Partnership	On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 857	Line <u>4.8</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street _____ _____ _____	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Oaks PA 19456-0857	_____
City State ZIP Code _____ _____ _____	_____
On which entry in Part 1 or Part 2 did you list the original creditor?	
Unifund CCR Partners	On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 42121	Line <u>4.14</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street _____ _____ _____	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Cincinnati OH 45242-0121	_____
City State ZIP Code _____ _____ _____	_____
On which entry in Part 1 or Part 2 did you list the original creditor?	
United Collections Bureau	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 5620 Southwyck Blvd Suite 206	Line <u>4.7</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street _____ _____ _____	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Toledo OH 43614	_____
City State ZIP Code _____ _____ _____	_____

Debtor 1 Victoria Ann GutweinCase number (if known) 18-10364**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

	Total claim
Total claims from Part 1	
6a. Domestic support obligations	6a. <u>\$0.00</u>
6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
6e. Total. Add lines 6a through 6d.	6d. <u>\$0.00</u>

	Total claim
Total claims from Part 2	
6f. Student loans	6f. <u>\$0.00</u>
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$144,515.37</u>
6j. Total. Add lines 6f through 6i.	6j. <u>\$144,515.37</u>

Fill in this information to identify your case:

Debtor 1	<u>Victoria</u>	<u>Ann</u>	<u>Gutwein</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF TEXAS</u>			
Case number (if known)	<u>18-10364</u>		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	<u>\$117,500.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B.....	<u>\$24,213.83</u>
1c. Copy line 63, Total of all property on Schedule A/B.....	<u>\$141,713.83</u>

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	<u>\$117,620.00</u>
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3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	<u>\$0.00</u>
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3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ <u>\$144,515.37</u>
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Your total liabilities

\$262,135.37

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	<u>\$7,596.51</u>
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5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	<u>\$7,503.50</u>
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Debtor 1 Victoria Ann GutweinCase number (if known) 18-10364**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.
9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**Total claim****From Part 4 on *Schedule E/F*, copy the following:**

- 9a. Domestic support obligations. (Copy line 6a.) _____
- 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) _____
- 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) _____
- 9d. Student loans. (Copy line 6f.) _____
- 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) _____
- 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + _____
- 9g. **Total.** Add lines 9a through 9f.

Fill in this information to identify your case:

Debtor 1	<u>Victoria</u>	<u>Ann</u>	<u>Gutwein</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF TEXAS</u>			
Case number (if known)	<u>18-10364</u>		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Victoria Ann Gutwein
Victoria Ann Gutwein, Debtor 1

X _____
Signature of Debtor 2

Date 04/24/2018
MM / DD / YYYY

Date _____
MM / DD / YYYY